North East and Yorkshire
Supporting Vulnerable Migrants in Primary Care

Mathew Sidebottom

Clinical Lead for Inclusion Health- NEY Region

NHS England and NHS Improvement

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Agenda

- Data, information sharing and continuity of care

- Regional support

- Initial and ongoing assessment

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Data and information sharing

Challenges

- Volume of individuals

- Number of sites

- Changing sites/short notice opening & closing

- Turnaround

- Large number of healthcare providers

- Significant number of individuals with incorrect/changing demographics

- Different models (contingency, IA, UKRS, ARAP and Ukrainian schemes)

Opportunities

- Increased regional networking of commissioners and providers

- Single Home Office provider (with a few exceptions)

- Data sharing principles agreed across the region between the Home Office, Mears and health providers

Data and information sharing

- High level data is shared with commissioners and providers by the strategic migration partnerships
  - Details sites in use, total numbers in each site, child:adult numbers, occupancy level
  - Shows both contingency sites (asylum seekers) and those under the ARAP scheme

- Ukraine schemes are more complex from a data standpoint

- Patient identifiable data is shared with each health provider to facilitate registration of individuals

- Data sharing agreements should be agreed between individual providers and Mears to facilitate this

- All individuals are asked permission to share their data to facilitate primary care registration as part of their introduction to the accommodation

Data and information sharing

- Data agreed to be shared with providers weekly by Mears
  - Mears supported contingency accommodation only
- Data sharing for ARAP hotels by local arrangement with each LA
- UKRS also coordinated via LA/CCG, usually with a longstanding provider locally
- Homes for Ukraine scheme more difficult to coordinate
  - Individuals spread across the country and across different primary care providers

- Known risks
  - Individuals often present with demographic data which is either different to previous NHS registrations or the data changes whilst in the local area

Regional support

- Over the last 3+ years we have developed systems as we have gone along

- Culminated with regional flow chart but still lessons to learn

- https://www.yhphnetwork.co.uk/links-and-resources/community-of-improvement-resources/migrant-health/asylum-seekers/

- Key contacts for support are listed in the flow chart
  - Strategic Migration Partnerships
  - Mears Heads of Operations/Regions
  - NHSEI and OHID

Initial and ongoing assessment

- For UKRS, ARAP and contingency asylum seeker accommodation there is national funding to support health assessments

- Although the individual circumstances will differ, a common assessment template has been developed between, Bevan Healthcare, NHSEI, QNI and Doctor's of the World to serve as a guide

Initial health assessment/provision should include:

- Physical and mental health assessment
- Infectious diseases
- Immunisations
- Sexual and reproductive health
- Maternity care
- Identification of special needs
- Psychological and wellbeing support
- Drug/alcohol services
- Dental/optometry services
- Support for FGM, rape crisis, victims of torture or human trafficking

Initial and ongoing assessment

- Once in dispersed/settled accommodation **all** should be able to register at a primary care provider of their choice with less coordination of services at this stage
  - This is irrespective of their current immigration status

- Once accommodated, do not assume that an initial health assessment has been conducted
  - Often difficult due to large numbers, turnaround of individuals and stresses on health provision
  - Those entering the UK on a Ukrainian resettlement scheme are much less likely to have had an initial health assessment

- Please feel free to utilise the SystmOne template at any stage for any vulnerable migrant

SystmOne template demonstration